Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Ashlawn House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Ashlawn Nursing Home Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Carrigatoher, Nenagh, Tipperary</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>09 June 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000407</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0029590</td>
</tr>
</tbody>
</table>
About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Ashlawn House Nursing Home is a purpose built single-storey facility which can accommodate up to 52 residents and includes a 12 bed dementia specific unit. It is located in a rural scenic area close to the town of Nenagh. It accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia specific care, respite, convalescence and holiday stay. Bedroom accommodation is provided in 40 single and six twin bedrooms, all with en suite facilities. There is a variety of communal day spaces provided including dining rooms, day rooms, conservatory, relaxation room, smoking room, oratory and visitors rooms. Residents also have access to secure enclosed garden areas.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Number of residents on the date of inspection:</th>
<th>36</th>
</tr>
</thead>
</table>
How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (hereafter referred to as inspectors) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. **Capacity and capability of the service:**

   This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service:**

   This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

   A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 9 June 2020</td>
<td>10:00hrs to 16:00hrs</td>
<td>Breeda Desmond</td>
<td>Lead</td>
</tr>
</tbody>
</table>
**What residents told us and what inspectors observed**

The inspector observed that residents continued to be cared for in their bedrooms as part of COVID-19 health protection guidelines. Nonetheless, the inspector observed that staff actively engaged with residents in a respectful and kind manner. It was evident that staff knew residents well and residents were comfortable and relaxed in the presence of staff. All interactions were conducted in a caring and respectful manner.

Discussions with staff indicated that they knew individual residents well and were able to relate to the inspector information regarding the routines and preferences of individual residents. Staff spoken with were visibly upset when discussing the COVID-19 outbreak and how it impacted everyone in the centre along with families and friends of residents who had passed away, as well as the impact visiting restrictions was having on residents and their families. Staff acknowledged the isolation and loneliness residents' were experiencing due to the visiting restrictions and had set up whatsapp groups, face-time and window visits to enable residents and families see each other and chat. Management had set up a new visiting area in the oratory for visitors to come and safely meet with their relatives. The oratory could be accessed from the car park and so visitors did not come through the centre un-necessarily.

**Capacity and capability**

This was a well managed service with defined lines of responsibility and accountability. Overall, there was good oversight of the service with arrangements to monitor the quality and safety of care received by residents. This service had a good history of regulatory compliance. On those occasions where issues were identified on inspection, the provider had the capacity, and was willing, to make the changes needed to ensure that residents were well cared for and safe.

The directors of Ashlawn House Nursing Home Ltd (the provider) worked full-time in the centre as the manager and person in charge. The assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place.

This centre was subject to a significant COVID-19 outbreak in April 2020 and a large number of staff and residents tested positive for the virus. The inspector acknowledged that staff, residents and families had been through a challenging time and continued to suffer the impact of the outbreak. The inspector acknowledged that staff and management had the best interest and safety of residents to the fore.
during the outbreak, and following that difficult time.

Due to the number of staff impacted by the virus along with the increased care needs and infection control protocols, staff shortages occurred. Management sought the help of the Health Services Executive (HSE) and additional staff were redeployed to the centre to ensure the care and safety of residents.

An evaluation had begun following the COVID-19 outbreak in line with the Health Protection Surveillance Centre (HPSC) guidance following an outbreak. A draft chronology of events was in place which was in the process of being finalised, to enable the information be examined to establish learning which would inform future outbreak management. Their COVID-19 management commenced on 25 February 2020 whereby the management team meeting was convened (registered provider representative, person in charge and deputy person in charge), and the person in charge was identified as the outbreak management team lead with the deputy person in charge as the deputy lead. Training for staff, residents and relatives commenced on 26 February 2020 regarding infection prevention and control precautions, hand hygiene, respiratory hygiene and cough etiquette. A review of personal protective equipment (PPE), laundry stock, cleaning and catering supplies was undertaken and additional supplies were ordered. On 27 February 2020, a risk assessment was undertaken identifying additional risks associated with a possible outbreak and additional control measures required to mitigate the risks identified. The document showed that there was almost daily updates regarding meetings convened and actions taken to ensure preparation for a potential outbreak with additional precautions initiated. For example, codes to entry points were changed to ensure that anyone entering the building could be COVID vetted.

A list was available of residents with their date of birth, date of symptom onset, symptoms, whether COVID-19 confirmed or suspected, and current clinical status. A separate list was maintained for staff. A further list was available of the resuscitation wishes of residents, and whether a discussion was had relating to COVID-19, regarding admission to acute care and the resident's frailty score. There was evidence-based instructions available should it be necessary for cardio-pulmonary resuscitation intervention.

The contingency plan examined was very thorough and had narrative under relevant headings including actions necessary under each heading, the rationale for each action identified along with the nursing home specific responses; and the status of the intervention such as whether the action was 'in progress' or completed'. Following on from the identification of actions necessary there was their 'response phase'. All of which referenced current HSE/HPSC and WHO guidelines and action responses proposed were set out in line with these reference guides. There was a catering plan which had a step-by-step schedule for the daily routine that included records to be maintained as well as temperatures to be recorded; a daily cleaning schedule for the kitchen was also detailed. Cohorting and isolation was discussed with management and the three single en suite bedrooms by the conservatory were designated if there was a further outbreak or if a person was transferred back from acute care and required 14 days isolation in line with HPSC guidelines. This area had a separate entrance, separate toilet and shower facilities, and a kitchenette and
dining area for staff. Staff education formed part of the daily routine such as practical demonstrations reminding staff on donning and doffing PPE as well as providing updates on COVID-19 with ongoing discussions and reminders relating to infection prevention and control precautions.

Before the declaration of the pandemic, management had liaised with GPs and pharmacy to establish routes of communication and the usage of healthmail to ensure ongoing service provision. On 13 March 2020 a letter was given to each resident of the announcement by the Taoiseach declaring a pandemic. There was ongoing communication with residents updating them on COVID 19, social isolation, PPE and respiratory etiquette. This was the responsibility of all staff, nonetheless, the activities co-ordinator continued to provide one-to-one daily sessions with residents providing reassurance.

The management team were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. The person in charge gave assurances that documentation relating to Schedule 2 of the regulations pertaining to staff were in place including vetting in accordance with the National Vetting Bureau (Children and Vulnerable Adults) Act 2012.

Staffing levels were adequate to the size and layout of the centre. The training matrix was reviewed. Sixteen staff had completed educational sessions on various topics relating to end-of-life care. Most mandatory training was up-to-date. While training had been scheduled in April and May, it was necessary to postpone this due to the pandemic outbreak and evidence was seen that these training dates were re-scheduled for September 2020. Nonetheless, training records were not easily accessible so it was difficult to determine whether all training was up-to-date.

A synopsis of the complaints procedure was displayed in the centre. While there were some complaints recorded, records as required in the regulations were not routinely maintained. Unsolicited information was received regarding management of the outbreak and poor communication during the COVID-19 outbreak. This was followed up at the time of submission of the information and discussed further during the inspection. The person in charge acknowledged that better systems were necessary to communicate with families and a system was put in place immediately, whereby a rota was established for contacting families Mondays/Wednesdays/Fridays to provide updates on residents and give assurances on their well-being.

Overall, this was a good service that had been through a very difficult period, but at all times had the safety and best interest of residents to the fore. They were in the process of reviewing their practices during the outbreak management to enable learning for possible future outbreaks.

Regulation 14: Persons in charge
The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She was knowledgeable regarding her role and responsibility and was articulate regarding governance and management of the service.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff to the size and layout of the centre. During the COVID 19 outbreak crises due to the depletion of staff levels, the HSE provided resource support such as staff and PPE. At the time of inspection, all staff had returned to work and the centre was staffed by employees of Ashlawn House Nursing Home. The person in charge assured that staff levels were kept under constant review with the changing needs of residents and the number of residents accommodated.

Judgment: Compliant

Regulation 16: Training and staff development

Eleven staff had completed the 'HSE Interim Clinical Guidance for the Pronouncement of Death by Registered Nurses in the Context of the COVID-19 Pandemic'. Other COVID-19 precautionary training completed included hand hygiene, breaking the chain of infection and donning and doffing PPE, respiratory hygiene, cough etiquette, and management of clinical waste.

While safeguarding and fire safety training had been scheduled in April and May, it was necessary to postpone these due to the pandemic outbreak and evidence was seen that these training dates were re-scheduled for September 2020. All new staff had fire safety completed as part of their induction programme. Nonetheless, training records were not easily accessible so it was difficult to determine whether all training was up-to-date.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an effective governance structure in place. Management systems in place enabled the service to be consistently and effectively monitored to ensure a safe and appropriate service.
### Regulation 3: Statement of purpose

The statement of purpose was updated following the last inspection to include the narrative description of bedroom en suite facilities required in line with the associated floor plans.

**Judgment:** Compliant

### Regulation 31: Notification of incidents

Notification to the Office of the Chief Inspector were submitted in a timely manner.

**Judgment:** Compliant

### Regulation 34: Complaints procedure

While some complaints were recorded, all complaints were not recorded in line with the requirements set out in the regulations. Issues were not followed up to ensure the issue was remedied and that the complainant was satisfied with the outcome. As such, the complaints mechanism was not effectively monitored to ensure that all complaints were appropriately responded to and appropriate records were maintained. Consequently, it was not assured that the complaints procedure was used to drive quality improvement.

**Judgment:** Not compliant

### Regulation 4: Written policies and procedures

All staff had access to up-to-date guidance issued by the HPSC and the HSE. There was a separate COVID-19 policy detailing health protection information in areas such as admissions, visiting, communication with residents, infection prevention and control, management of spills, management of laundry, clinical and non-clinical waste management, equipment decontamination and cleaning, uniforms, risk management and communication to reflect the impact of COVID-19. End of life care information included the most recent information on the 'HSE Interim Clinical

Judgment: Compliant

Quality and safety

Overall, residents in this centre were well cared for. Admissions to the centre were on hold and visiting restrictions were in place in accordance with the HPSC pandemic precautions guidance. Nonetheless, a conference microphone was installed in the oratory to enable residents have conversations with relatives outside the glass partition by the oratory, and face-time and whatsapp messages were set up to enable communication between families and residents. The activities co-ordinator continued to provide one-to-one social care for residents in their bedrooms and organised communication with families and friends. Residents had access to advocacy services and information regarding their rights. Information and contact details of SAGE (national advocacy group) were displayed. A representative of SAGE attended the residents’ meeting in November 2019 to explain their purpose and function.

In general, there was really good oversight of infection prevention and control measures in place. Protocols initiated were done in line with current HPSC guidance. Residents had access to appropriate medical services at this time to ensure that their health care needs were met. There was evidence of regular medical reviews and referrals to other specialists as required. Staff continued to promote a restraint-free environment, guided by national policy. At the time of inspection there were bed rails in use for four residents following consultation, consent and risk assessment. Regular safety checks were being recorded.

Residents had timely access to health care prior to and during the COVID-19 outbreak. A sample of medication management and administration charts were reviewed. These required better oversight to ensure that practice was in line with professional guidelines. For example, some medications prescribed for 21:00 hrs were routinely administered at 19:00hrs; one medication had 'hold' written alongside it but this was not dated and this addition was not in line with their medication management policy or professional guidelines. Subcutaneous fluids were prescribed for one resident, however, the duration of one infusion was not detailed and fluid balance charts were not available.

The premises was appropriate to the number and needs of residents and their statement of purpose. Residents had access to a variety of communal and private space indoors and enclosed courtyards which were accessible from several locations. Bedroom accommodation was provided in 40 single and six twin bedrooms, the majority had en suite toilet and shower facilities. There were hand-wash hubs and hand sanitiser dispensers available throughout the centre.
Issues relating to fire safety management identified at the previous inspection had been addressed. All new staff had completed fire safety as part of their induction programme. Fire safety training was scheduled for April 2020 but this was rescheduled for September 2020 as part of the health protection precautions.

**Regulation 11: Visits**

Information pertaining COVID-19 visiting restrictions and precautions was displayed at entrances to the centre. A new glass partition was installed at the entrance to the oratory to facilitate schedule family visits. A conference microphone was installed to facilitate conversation between residents and their family members. This enabled residents to see their visitors while talking with them and scheduled 15-minute visits were in place whereby the visitor came to the oratory door and spoke with their relative. There was a comfortable armchair provided for the resident to sit and relax while talking to their relative. The person in charge described contingency plans should a resident need end of life care to enable family members be with the resident. Infection control precautions were in place should a visitor enter the building whereby a COVID-related questionnaire was completed along with taking the visitor’s temperature. The questionnaire included a contact number for the visitor should contact tracing be required.

Judgment: Compliant

**Regulation 12: Personal possessions**

Residents had sufficient space in which they could store their clothing and personal belongings, including lockable storage for valuables. Residents had personalised their bedrooms with their own decorations, flowers, ornaments and photographs.

Judgment: Compliant

**Regulation 13: End of life**

As part of COVID-19 contingency planning, arrangements were put in place to enable relatives to visit with residents should the need arise. All residents' care plans were up-to-date regarding end of life care decisions relating to COVID-19 infection including whether to be transferred to the acute care setting and resuscitation interventions. All of which were discussed with residents, and when relevant their next of kin as well as the GP.

Five members of staff had completed the training on 'Interim Clinical Guidance for
the pronouncement of death by registered nurses in identified services in the context of the global pandemic’ if they became unwell due to COVID-19. A list was readily available with residents names and resuscitation information.

Information was available from Milford Hospice regarding COVID-19 Pathway for Nursing Homes in Mid-West to access support from specialist palliative care community services in Milford Care Centre.

Judgment: Compliant

### Regulation 17: Premises

The centre was homely, accessible and provided adequate space to meet residents needs. The centre was clean and bright and easily accessible. Communal spaces included a library, large dining room, large day room, conservatory, visitors' room, oratory and sensory room. Residents had access to enclosed garden patio areas which was easily accessible from several points around the centre.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Residents' records demonstrated that relevant information about the resident was provided to the receiving designated centre, hospital or place. Upon return to the designated centre, nursing staff ensured that all relevant information was obtained from the discharge service and allied health professionals.

Judgment: Compliant

### Regulation 26: Risk management

The general risk register in place had heading of 'identify, contain and control' with hazard identification and control measures and additional controls measures put in place relating to COVID 19 risk to residents and staff. In addition, there was a COVID-19 assessment of manual handling and lifting. The risk policy had general clinical risks and these were updated to reflect the risks associated with COVID-19. They were subject to ongoing monitoring to ensure their effectiveness.

Judgment: Compliant
### Regulation 27: Infection control

The assistant director of nursing's expertise was in infection prevention and control and she provided excellent support prior to and during the COVID-19 outbreak management. 'Interim Guidance on the Prevention and Management of COVID 19 Cases and Outbreaks in Residential Care Facilities and similar units of June 2020' was available for referencing. Ongoing pandemic precautions were discussed with management and cohorting and isolation area was identified to ensure HPSC precautions for suspect or confirmed cases or for residents transferred into the centre. There were adequate PPE and clinical waste bins available. The clinical waste bin contract was increased during the outbreak from one large bin to three large bins collected every fortnight.

**Judgment:** Compliant

### Regulation 29: Medicines and pharmaceutical services

Some medications prescribed for 21:00 hrs were routinely administered at 19:00hrs; one medication had 'hold' written alongside it, but this was not dated; this addition was not in line with their medication management policy or professional guidelines.

**Judgment:** Not compliant

### Regulation 5: Individual assessment and care plan

Evidence-based risk assessments were in place to determine the dependency and care needs of residents. Care plans were in place to support and direct individualised care. These were timely updated.

**Judgment:** Compliant

### Regulation 6: Health care

Residents had access to GP services and specialist services such as gerontology and palliative care.

Subcutaneous fluids were prescribed for one resident, however, the duration of one infusion was not detailed and fluid balance charts were not maintained in line
with a high standard of nursing care in accordance with professional guidelines.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff continued to promote a restraint-free environment. The management team confirmed that vetting in accordance with the National Bureau of Vetting was in place for all staff, volunteers and persons who provided services to residents. All staff had received specific training in the protection of vulnerable adults and further training was scheduled for 2020.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had access to advocacy services, information on local events, notice boards, radio, television and the Internet. As the pandemic precautions significantly curtailed residents ability to socialise, they had set up whatsapp groups and face-time and an area within the oratory for relatives to safely visit, and see and speak with their relatives. These meetings were scheduled to ensure social distancing and minimise visitor contact. Daily, regional newspapers and the weekly parish newsletter were provided. A residents’ newsletter was published and a residents life story was included each month as well as puzzles, cross-words and fun items to help entertain residents while in isolation from March to June.

Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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Compliance Plan for Ashlawn House Nursing Home OSV-0000407

Inspection ID: MON-0029590

Date of inspection: 09/06/2020

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.
**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time bound**. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
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<tbody>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
The training matrix has been updated and modified to become more user friendly/intuitive. Training previously postponed due to Covid-19 Pandemic has now been provided, namely Safeguarding of the Vulnerable Adult, Challenging & Responding Behaviour and Fire Training. Training also has been provided on Incontinence Wear Products, Wound Management and Nutrition. Further training will be available in order that staff have access to appropriate training.

| Regulation 34: Complaints procedure                     | Not Compliant                   |

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Not all complaints during our outbreak were recorded on the Epiccare system, however, all outstanding complaints had been followed up with and responded to, these are now documented in line with the requirements set out in the regulations.

| Regulation 29: Medicines and pharmaceutical services    | Not Compliant                   |
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
An internal review has been carried out to ensure Medication is managed in line with Medication Management Policy and as per professional guidelines.

<table>
<thead>
<tr>
<th>Regulation 6: Health care</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 6: Health care:
The resident in question had a subcutaneous fluid infusion during the Covid-19 outbreak. A subcutaneous fluid care bundle has since been developed and will be used in conjunction with fluid balance charts to ensure all subcutaneous fluids are prescribed and maintained in line with a high standard of nursing care and in accordance with professional guidelines.
Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 16(1)(a)</td>
<td>The person in charge shall ensure that staff have access to appropriate training.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>10/06/2020</td>
</tr>
<tr>
<td>Regulation 29(5)</td>
<td>The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>10/06/2020</td>
</tr>
<tr>
<td>Regulation 34(1)(f)</td>
<td>The registered provider shall provide an accessible and effective complaints procedure which includes an</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>10/06/2020</td>
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</table>
appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

| Regulation 34(2) | The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident’s individual care plan. | Not Compliant | Orange | 10/06/2020 |

| Regulation 6(1) | The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued | Not Compliant | Orange | 10/06/2020 |
by An Bord Altranaíse agus Cháimhseachais from time to time, for a resident.